

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

PLEASE PRINT

APR 14 2017

Nome of Labbridge Katrina		AFIL 17 ZUII		
I. Name of Lobbyist(s)			NEW HAMPSHIRE DEPARTMENT OF STATE	
II. Name of lobbyist's partnershi	p, firm or corporation, if any:			
N/A				
(Name of partnersh	ip, firm or corporation)			
280 Beacon Street #31	Boston	MA	02116	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(617) 266-3119	(617) 266-5122	e-mail katrina.i	serman@sunovion.com	
(Telephone)	(Fax)	v		
III. This statement covers: (Chooreportable expense transactions v			a may file a separate report for	
✓ All reportable transactions occu	urring in the months prior to the	reporting date relative t	to the following client:	
Sunovion Pharmaceuticals	s Inc.			
	of Client as it appears on the Lobby	vist Registration Form)		
<u>OR</u>				
☐ All reportable transactions by the unrelated to any particular client.	e lobbyist (including the lobby	st's family), or the lobb	ying firm listed below which are	
IV. Date of Report April 26, 2 Reports cover: activity from date of		July 26, 2017 ☐ activity from 4/1/17 to 6/3		
	5, 2017	January 31, 2018 activity from 10/1/17 to 1		
V. There have been no fees real of this box is checked, complete just Concord, NH 03301.				
VI. Check if additional reports a	re attached:			
If you have received fees or ma		Addendum A- Fees an	d Expenses	
☐ If you have paid an honorariun Expense Reimbursement				
☐ If you, your firm, or your fami	y has made political contribution	ons, you must file Adde	ndum C- Political Contributions	
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my knowledge.	SA 14-C and RSA 664 and here wledge and belief.			
(Signature of lobbyist)		4-12-17	(Date)	
Katrina Iserman			(~ ****)	
(Print Name of Johnvist)				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Katrina Iserman					
II. Name of lobbyist's partnership, firm or corporation, if any:					
N/A					
(Name of partnership, firm or corporation)	4.84.4				
III. Name of Client Sunovion Pharmaceuticals Inc.	Date 4/10/2017				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greened reduced by any expenses:	relations, or public relations service				
a) Total of all fees received in this reporting period	a) \$ 679.00				
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0.00</u>				
c) Total of all fees received to date (Add lines a and b)	c) \$ 679.00				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.00				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the personal with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>0.00</u>				
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 4.50				
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 4.50
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0.00</u>
f) Total of all expenses year to date	f) \$ 4.50
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Matris Secon	4-11-17
(Signature of lobbyist)	$\frac{2/-12-17}{\text{(Date)}}$
Katrina Iserman	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for:					
Name of Lobbying par	tnership, firm, or corpo	ration; Katrina Iserman			
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any		
particular client): Sund	ovion Pharmaceuticals,	Inc.			
Date of Report (check	one):				
z are of report (enter	one).				
April 26, 2017 🗹	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □		
I have read RSA 15, R the following Addendo submitted):	RSA 15-B, RSA 664, thums submitted with the	ne Statement of Income an at Statement (insert the nu	nd Expenses described above, and umber of Addendum forms being		
1 Addendum A(s	s).				
O Addendum B(s	s).				
0 Addendum C(s	s).				
	m that the foregoing in my knowledge and bel		nt and each Addendum is true and		
lating (Mr		/-/ <u>></u> -/ > (Date)		
(Digitature of loody1st)			(Date)		
Katrina Iserman					